



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____

Signature _____

Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐

Demolition ☐ Accessory Bldg. ☐ Number of Units _____ Other ☐ Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____ No. and Street _____ City/Town, State, ZIP _____ Telephone _____ Email address _____	License Number _____ Expiration Date _____ List CSL Type (see below) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____ No. and Street _____ City/Town, State, ZIP _____ Telephone _____	HIC Registration Number _____ Expiration Date _____ Email address _____
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SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____ Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____ Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

HOMEOWNERS LICENSE EXEMPTION AGREEMENT

HOMEOWNER _____

(Please Print)

ADDRESS: _____

The undersigned **HOMEOWNER** requests permission to act as a Supervisor/General Contractor to undertake a construction related project at the above referenced address without the benefit of a properly licensed contractor under the following terms and conditions:

1. According to the Massachusetts State Building Code, Section 110.R5.1.3.1, the current exemption for "**HOMEOWNERS**" was extended to include owner occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, ***provided that the owner acts as supervisor.***
2. By definition, a person who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be a one to two family dwelling, attached or detached structures accessory to such use and/or farm structures, but not manufactured/modular structure, shall be considered a **HOMEOWNER**. A person who constructs more than one home in a two-year period shall not be considered a homeowner.
3. The **HOMEOWNER** will be fully responsible for submission of a complete permit application, site plans, building plans, and any other documentation required by the Building Department and to understand the scope and complexity of the work proposed.
4. The **HOMEOWNER** certifies that he or she fully understands the requirements of the Massachusetts State Building Code, CMR 780 8th Edition, and the Town of Warren Bylaws/Regulations as they relate to the particular project being undertaken by the permit, and that the **HOMEOWNER ASSUMES FULL RESPONSIBILITY** for compliance with all applicable codes, ordinances, bylaws and inspection procedures.

This agreement is executed as part of the building permit application.

An Owner who obtains a building permit to do his/her own work, or an Owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the Construction Supervisor Licensing (CSL) and the HIC Program can be found in 780 CMR Sections 110.R5 and 110.R6, respectively.

Homeowner's signature: _____ Date: _____

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Approved by Inspector of Buildings _____

Permit # _____ Issue Date: _____

Debris Disposal Affidavit

In accordance with the provisions of M.G.L. c. 40, § 54, Building Permit # _____
was issued with this condition, that all debris resulting from this work shall be disposed of in
a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A.

The debris will be disposed of in:

Name of Waste Facility

Address of Waste Facility

780 CMR →
9th Edition

105.3.1.2 Other Requirements: ... 'Debris Removal: In
accordance with M.G.L. C. 40, § 54 and M.G.L. c 111,
§ 150A; refer to D.E.P. Regulations 310 CMR 7.09(2)
and 310 CMR 7.15, when applicable.' ...

Signature of Permit Applicant

Date